

Figure 1

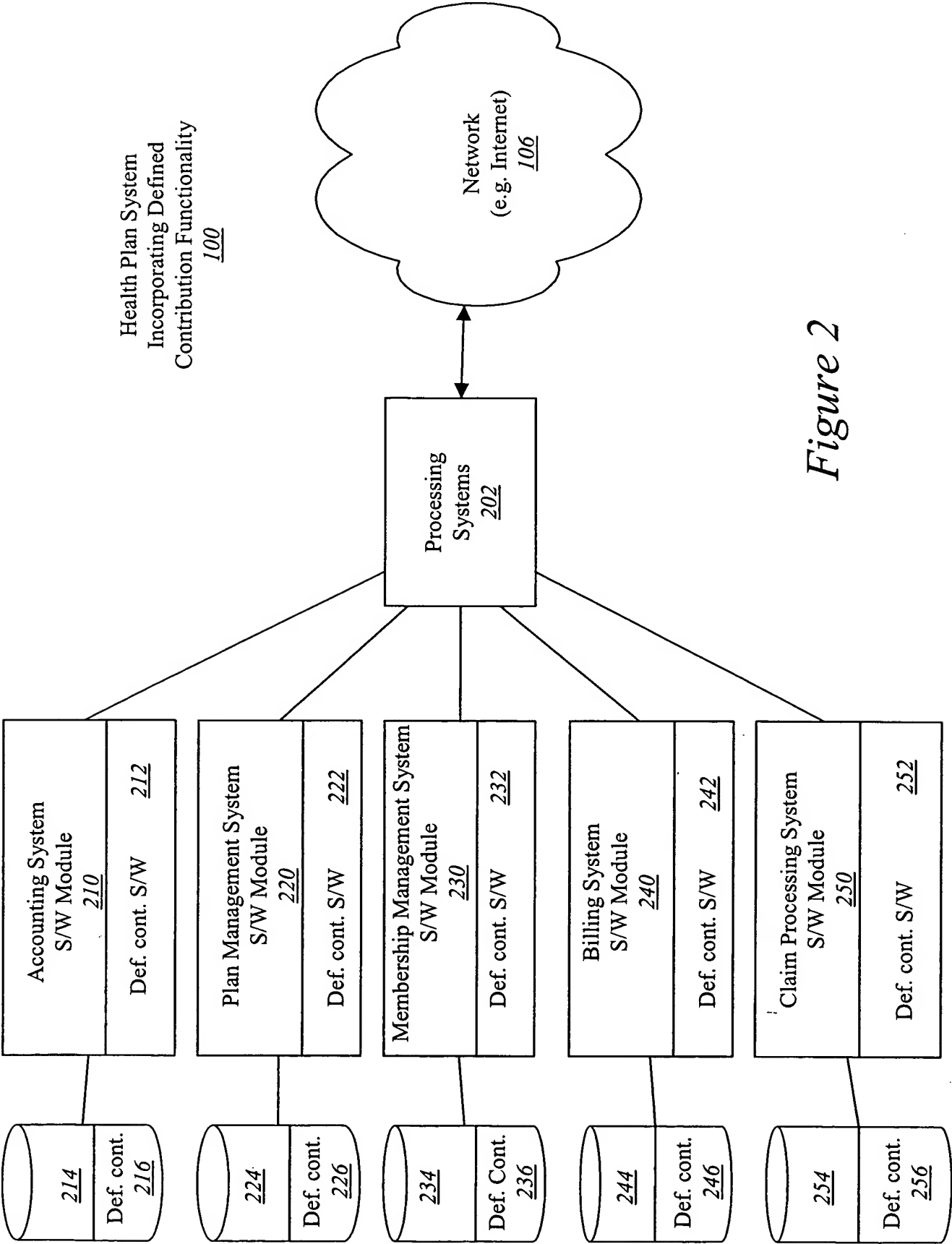


Figure 2

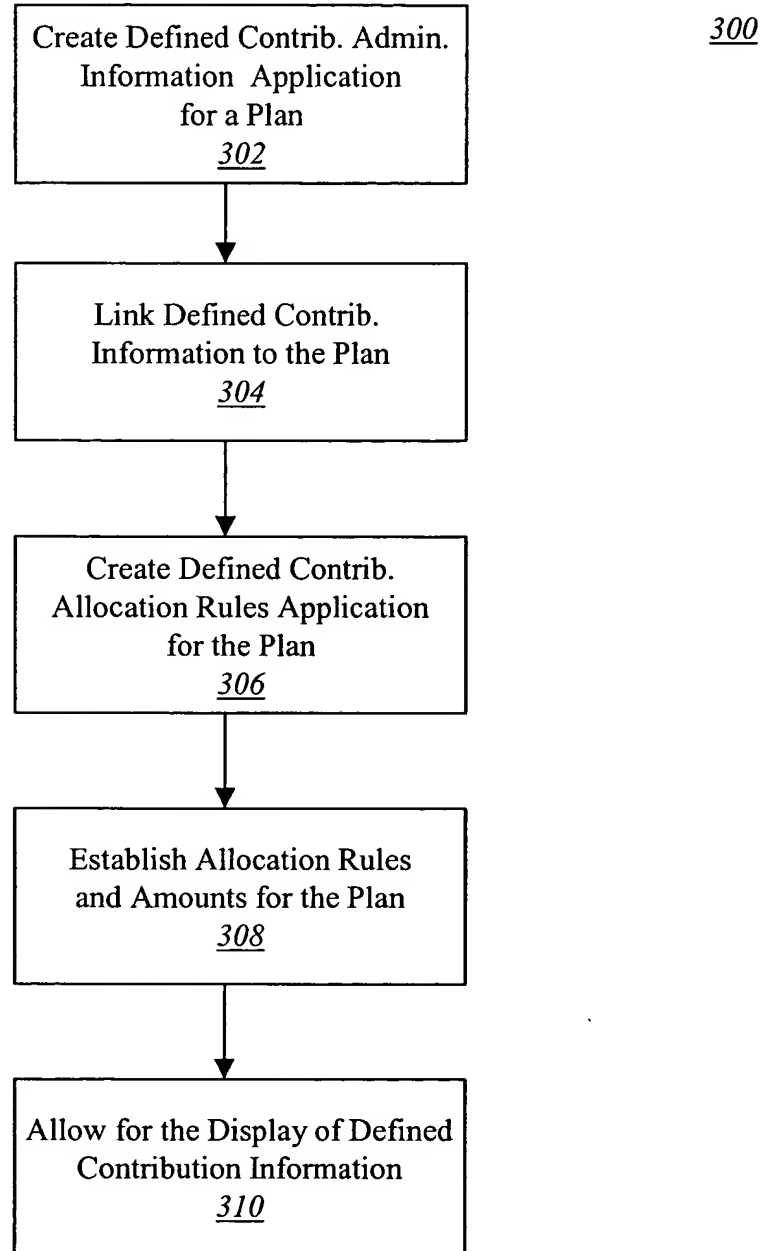
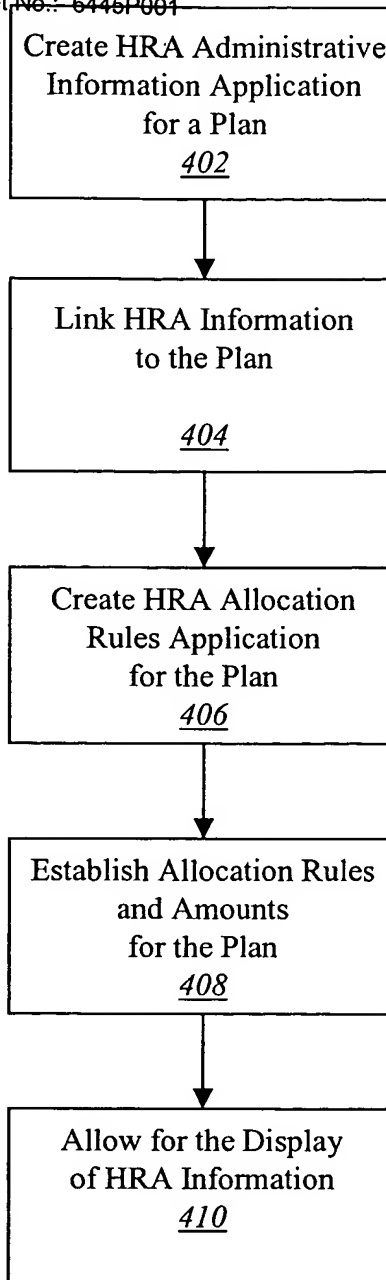


Figure 3



400

Figure 4

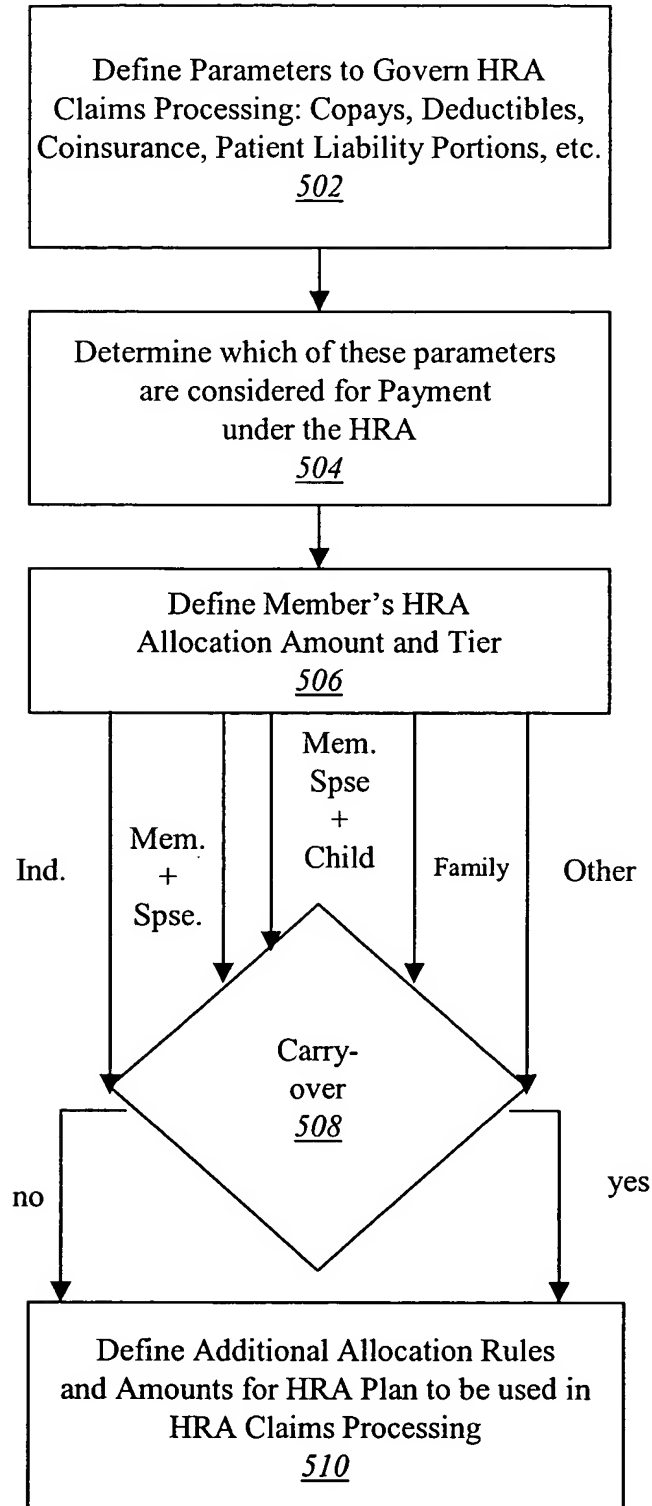


Figure 5

Docket No.: 6445P001

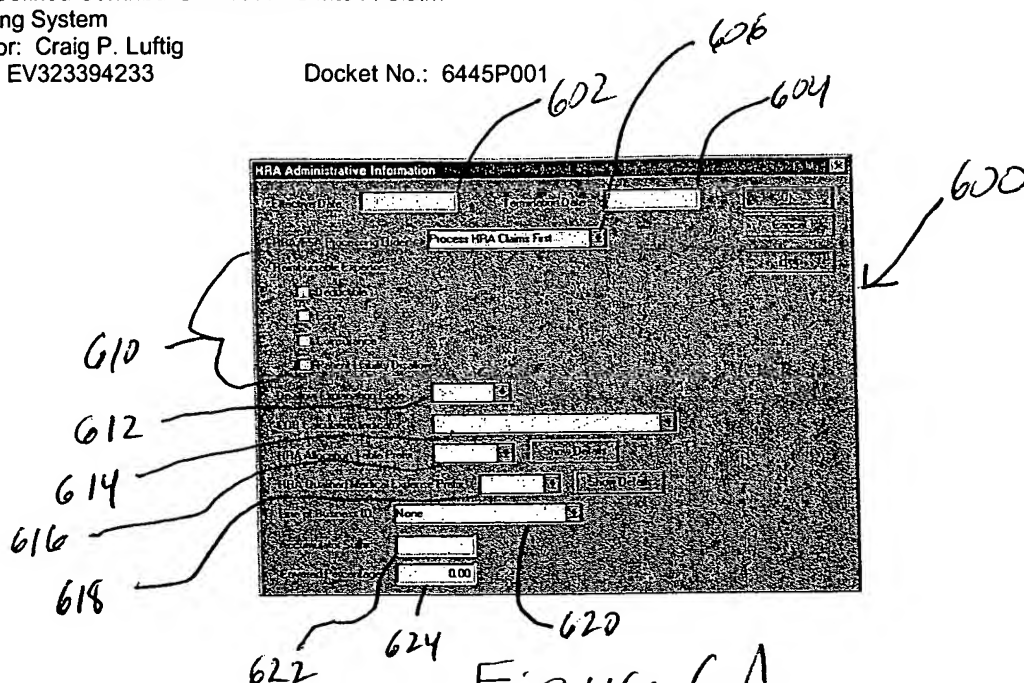


Figure 6A

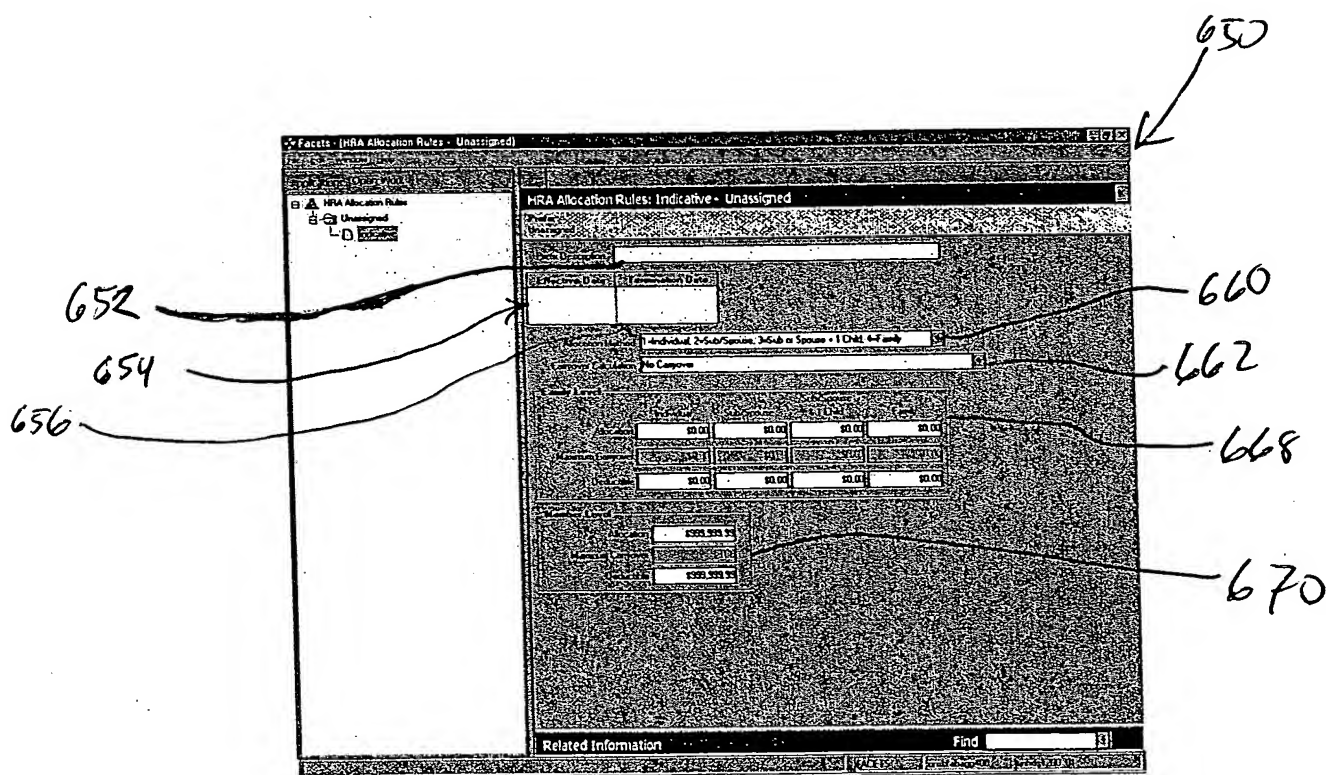


Figure 6B

Docket No.: 6445P001

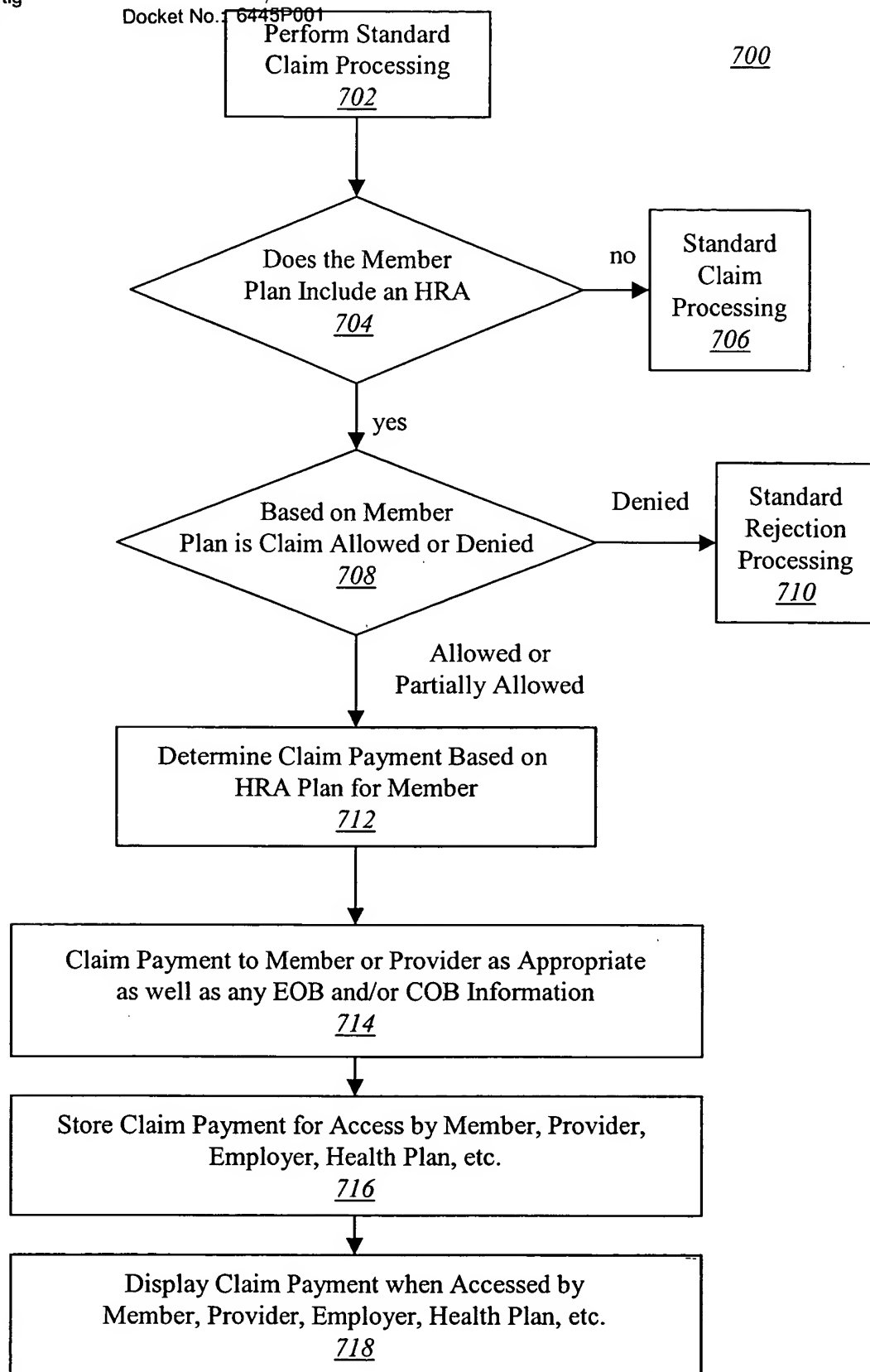


Figure 7

Facets - (Medical Claims Processing - Unassigned)

Medical Claims Processing: Line Items - Unassigned

Class ID: Unassigned, Provider ID: Unassigned, Status: Unassigned, Next Retn Date: Unassigned, Payer: Unassigned

Charges: \$0.00, Patient Paid: \$0.00

Form: 2, Fee ID: 1, POS: 1, TOS: 1, Pric: 1, P1 Date: 1, Charges Yr: 1, Line: 1

Cancel Chg: \$0.00, Deductible: \$0.00, Discount Amt: \$0.00, Allowed Units: 0, Copay: \$0.00, Sum Discount: \$0.00, Allowed: \$0.00, Coinsurance: \$0.00, COB Adjustment: \$0.00, Benefit: \$0.00, Deductible: \$0.00, Withhold Amt: \$0.00, HRA Paid: \$0.00, Patient Liability Deductible: \$0.00, FSA Paid: \$0.00, Total Patient Liability: \$0.00

Type of Service: , Place of Service: , Procedure: , Diagnosis: , Network Indicator: , Line of Business: , Referral No: , Referral ID: , Preauth No: , Preauth ID: , Select: None, Waived Preauth No: ,

Claim Totals: Charges: , Deductible: , Discount Amt: , Allowed: , Copay: , Sum Discount: , Benefit: , Coinsurance: , COB Adjustment: , Deductible: , Withhold Amt: ,

Related Information: Find: 1

Handwritten annotations: 800 (with arrow pointing to the Charges field), 810, 812, 814, 816, 820, 822, 824, 826, 830, 802, 804, 806, 808.

Figure 8

1000

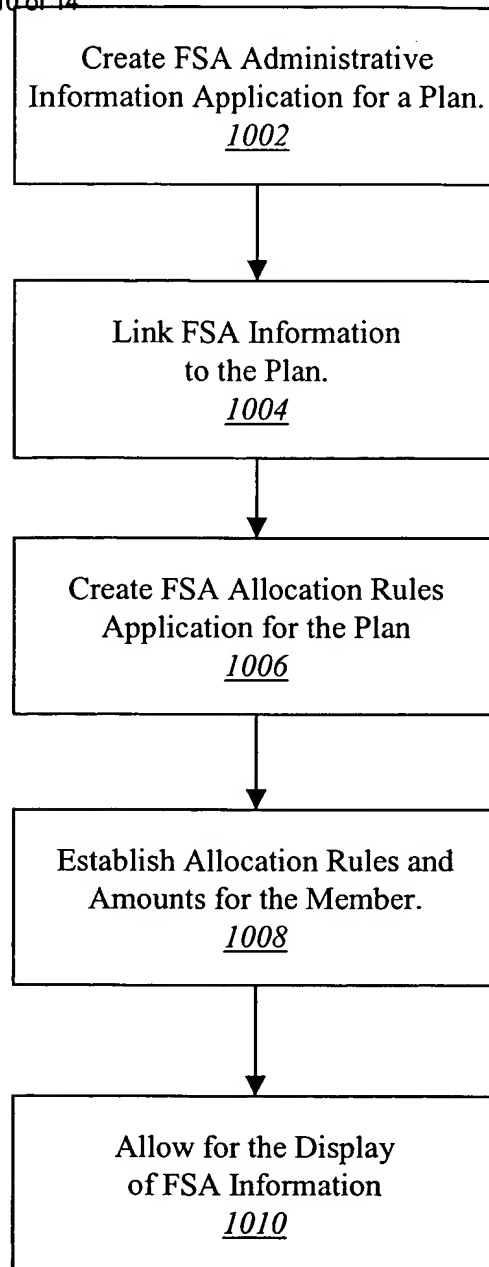


Figure 10

1100

Define Parameters to Govern FSA Claim
Processing: Health Care and/or Dependant Care
Account; Maximum and Minimum
Contributions; Run-out Days;
Service Eligibility, etc.
1102



Define Member's FSA Allocation
Amount and Claim Submission Method
1104



Define Additional Allocation Rules for FSA
Plan to be used in FSA Claims Processing
1106

Figure 11

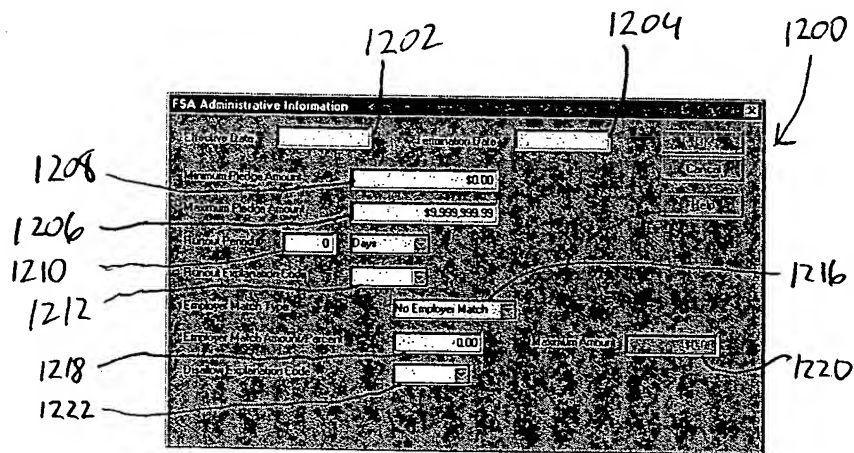
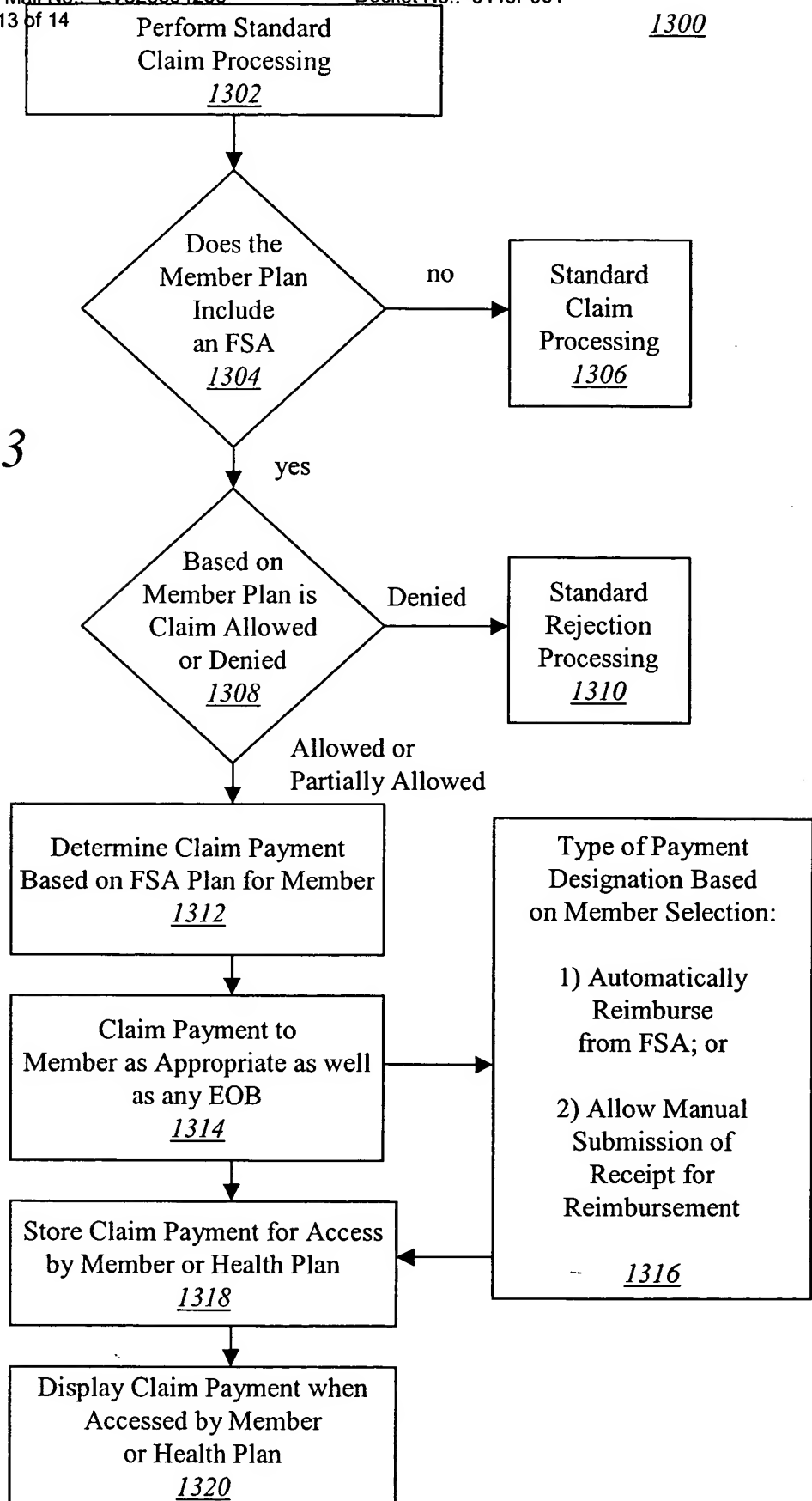


Figure 12

1300

Figure 13



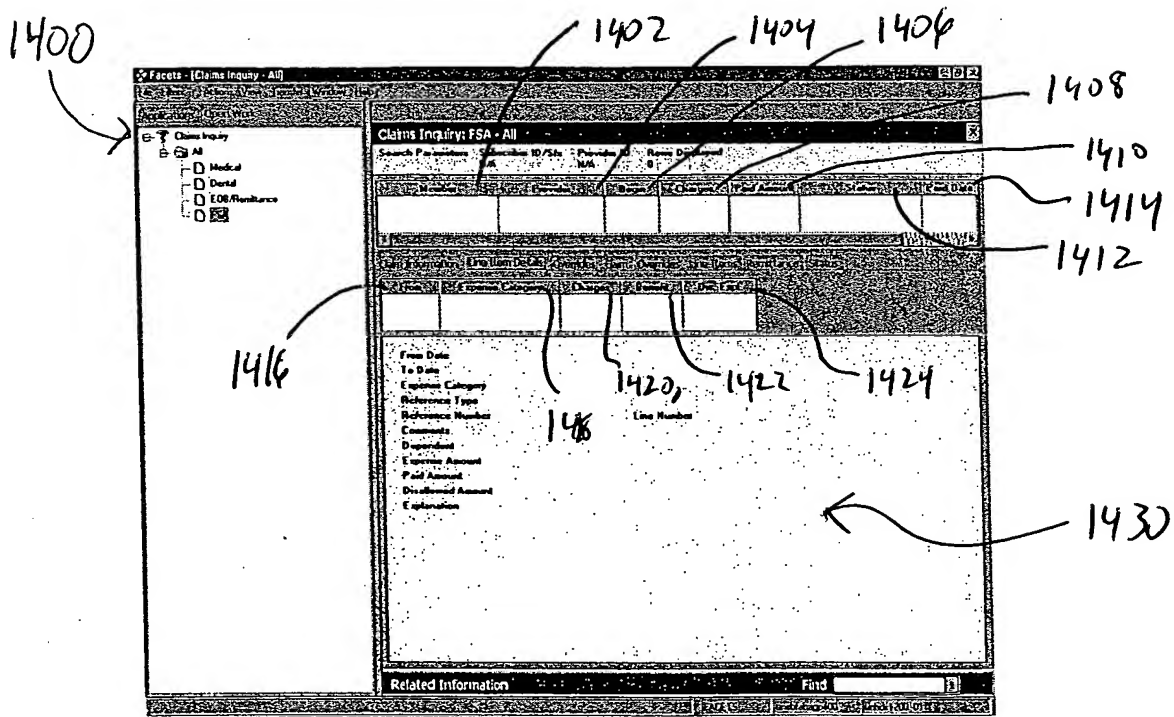


Figure 14